PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9960
1. PLACE OF DEATH	900
County Harford	Registration Dist. No. 183
Village or City Wulledge	No. St Ward
Length of residence in city or town whare death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME / 11-1 Pmg. Blessey	
	11. 2. 2. 0
(a) Residence: No. Start (Cusual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("grite the word) The word of the state of the word)	21. DATE OF DEATH Sept 19 (Day) (Tag)
5e. If married, widowad, or divorcad HUSBAND of (or) WIFE of The Married Blevins	22. Sept HEREBY CERTIEY. That attended deceased from 1937 to 1937
6. DATE OF BIRTH (month, day, and year) First 13 -1859	I last saw her alive on Seft 18 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 11 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad causes of Importance wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Circhal Himmhoge Date of open
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this exercising (meth and	a Hempligia ogo
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or towns ash co	Other Contributory Causes of importance:
(Stata or country)	
13. NAME Ceswell Eller	
13. NAME COULL SILEN 14. BIRTHPLACE (city or town) COSE ES	Name of operation
(State of country)	What tast confirmed diegnosis? Paralysis Was there an autopsy? To
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
Oriena Alaska	Where did Injury occur? (Specify city or town, county and State)
(Address) 4 allston	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place West Selferson Sept 24 1937	Manner of injury
BEST X H	Nature of injury
19. UNDERTAKER (Addrass)	24. Was disease or injury in any way related to occupation of decaased?
11 19 32 2h 1 P B	(Signat) Wellard P. Hudson M.D.
20. FILED 227 17, 19-27 UTLAND Registrar.	(Address) Fourt Hell ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago 121 113 1 1 W Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

ECORD. Every item of infor-

MARGIN	WITH UNFAD	nation should be carefully supplied.
•		refully s
	WRITE PLANLY,	be car
7	E PLA	pluods
	WRIT.	nation

V. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	6.	12	12
-	01	6	4
U	V	0	.0

1. PLACE OF DEATH	(3)
County Harford	Registration Dist. No. 103
	NoSt., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) ssds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Com Your Brown	nun
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Seft 9
5e. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. JIHEREBY CERTIFY, Thet lattended deceased from
6. DATE OF BIRTH (month, day, and year) 6. DAT	to have occurred on the dete stated ebove, atam. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Catined SAWYER, BOOKKEEPER, etc	monic Maphille
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	
O 10. Date deceased lest worked at this occupation (month and yeer) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importence:
13. NAME Clark Phillips	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Pligabeth Carepbell	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT J. Wich. Phillips (Address) Rocky Will	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, OPEMATION, OR REMOVAL	Manner of injury
Place anithous on Date 12 , 193/	Nature of injury
19. UNDERTAKER Struck of the (Address) Lavelle	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Sept 12, 1937 Thos. P. Brown Registrar.	(Signed) A. J. Bralle M. D. (Address) A.
If more blanks are needed address State Prince	N. Cl. J. C P. Li.

15 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltithore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUPPAL V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state D. Every item of inforof OCCUPA-PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement stated EXACTLY. LY, WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be B.—WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1, PLACE OF DEATH	
County Hunford law.	Registration Dist. No. 182
Village or City Man Bel an mod	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Josephune Brown	If U. S. Veteran, specify WAR
(a) Residence: No. Ons. Bulair Ond. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE fixed 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH Sept 2/ 193.7. (Month) (Day) (Yaar)
5a. If married, widowed, or diverced	
HUSBAND of Hercian Brown	22 Sept 17 LINE BY CERTIFY. That I attended deceased from 1937, to Sept 21 1937
6. DATE OF BIRTH (month, day, and year) Dev 15-1869	I last saw have alive on 24 + 20 ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 - A-m.
68 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:
8 Trade profession or particular	Lobar greenere 91/437
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and spent in this	
O 10. Date daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Arayon Co (State or country)	Other Contributory Causes of Importance:
00 1	
I 13. NAME Cly Jaylor	
13. NAME Gly Jaylor 14. BIRTHPLACE (city or town) Bruysen lea	Name of operation Date of
(cross of country)	What tast confirmed diagnosis?
15. MAIDEN NAME Cattleman Saylor 16. BIRTHPLACE (city or town) Srayers &	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?
E (State or country)	Where did Injury occur?
17. INFORMANT F. L. Woods (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Inoutelatella Date Seft 22 -, 19.3.7	Nature of injury
19. UNDERTAKER Decen & Factor (Address) Belan ma	24. Was disease or Injury in any way related to occupation of decaased?
20. FILED Sept. 21, 1937 Olizania Chamber	(Signed) Willard G: Sulface M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5,1927	Peritonitis	3 days ago
007 5 7981	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 9963
1. PLACE OF DEATH	17-01
County Harford	Registration Dist. No. 185
Village or City falle de Deace (If	No St., Ward death accurred in a hopeital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurred yrs	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME harles Henry Cour	Level If U. S. Veteran, specify WAR
(a) Residence: No Assessed (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeff 3
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wellie Jampley	22. I HEREBY CERTIFY, That I attended deceased from 19.37, to See 3, 19.37
6. DATE OF BIRTH (month, day, and year) - 47/8/2	I last saw here alive on Sept. 3, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date state above, atm. Use PRINCIPAL CAUSE OF DEATH and releted causes of importance
ormin,	vero as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Macy Justin 9-1-37
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation year)	
12. BIRTHPLACE (etty or town) Adaptable (State or country)	Other Contributory Causes of importance:
13. NAME Juhn (austice	
4 BIRTHDLACE (city or town) Farfines (State or country)	Name of operation' Date of
	What test confirmed diagnosis? Was there an autopsy? Ly
15. MAIDEN NAME Clara Lodd	23. if death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT My War Wittig (Address) Levis al Brase Und	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA PLOS 113 (1987) Oate Sept 5, 1937	Manner of injury
19. UNDERTAKEN Madison Mitchell (Address) To me de know and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept. 5, , 1957. Chas. J. Foley. In S. Registrat.	(Signed) (Address) And A Ray My (Address)
Registrat.	(NUUICOO)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AND LOSE V. S.	3		
Other contributory causes of importance:	Day of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIO	NAL SPACE	FOR FURTHE	R STATEME	NTS BY PHYS	CIAN	
16							
728 34							

See instructions on back of certificate.

TION is very important.

B.-WRITE PLANLY,

V. S. No. 1

1. PLACE OF DEATH	(157.0)	
County Harford	Registration Dist. Np. [8]	
Village or City Creavell Bel ais St. F.	NDSt.,St.,St.	Ward
Length of rasidanco In city or town where death occurredyrsmos	ds. How long in U.S. if of foraign birth?wrsmos.	ds.
2. FULL NAME Charles William	Culliem	
(a) Residence: No. Cyclor (Usual place of abode)	St., Ward. If nonresident give city or town and St	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE OR DIVORCED (write file word) While Single Married (write file word)	21. DATE OF DEATH Sept (Month) (Day)	193. 7 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. 8-29 1 HEREBY CERTIFY, Thet I attended de	eceased from
6. DATE OF BIRTH (month, day, and year) une 5, 1932	I last saw h 400 alive on 9-17 1937;	daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8 Trade profession or particular	Congenital Heart disease	Unit
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Princetts	4,000 400
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	seuro	2
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end yaar) 0. occupation	ascario infestation	Tyeas?
12. BIRTHPLACE (city or town) Asarfas Certification (State or country) Mary France	Other Coutributory Causes of Importance:	
13. NAME dines W. Cullium		
13. NAME Janes W. Cullium 14. BIRTHPLACE (city or town) Barty 20	Neme of operation Date of	
(State of country)	What test confirmed diegnosis? Climinal Was there an au'	opsy? no
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Story or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Her Carries 3. Carlland (Addrass)	Where did injury occur?	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Calang Cercely Data Syst 24, 1937	Natura of injury	
19. UNDERTAKER Skring Janes (Address)	24. Was disease or injury in any way related to occupation of decaasad??	
20. FILED Defor 23, 19.37. O. C. Millal Registrar	(Signad) Fred O Hodous (Address) Edglwood Me	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUILDAR Y S	- j 's			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

B.—WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(147)		10	, /
County Sartord			Registration Di	st. No. / D	/
Village or City allerden ?	if to	NoNo	ion, give its NAME i	St.,	Ward
1 0 11 >	0 11	ds. How long in U.S. if o			
2. FULL NAME Samuel on	ullu	if U. S. Veteran,	specify WAR		•••••
(a) Residence: No. New Country (Usual place of abo	ode)	St., Ward.		e city or town and	State
PERSONAL AND STATISTICAL PARTICUL	LARS	MEDICAL CI	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, OR DIVORCED (20)		21. DATE OF DEATH	Lyst Month	26 (Day)	, 1937
ia. If married, widowed, or divorced HUSBAND of	-	22. I HEREBY	CERTIFY	That I attended	deceased from
mes your cours	lum		19, to		, 19
5. DATE OF BIRTH (month, day, end year) Jun 7!	870	I last saw h alive on		, 19	; deeth is sal
	If LESS than day,hrs.	to have occurred on the dete state			
6/18 or.	min.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related ceuses	of importance	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, Jeannelle SAWYER, BOOKKEEPER, etc.		abdonen	woun	sen	
kind of work done, as SPINNER, Favored SAWYER, BOOKKEPER, etc Favored Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at his occupation (months and		Self infl	icted		
10. Dete deceesed last worked at this occupation (month end year) 11. Total time (spent in its occupation)	this / . a.a.	- Lucdidal . Co	use of		-
12. BIRTHPLACE (city or town) Darfyrd les	_	Other Coatributory Causes of impo	ortance:		
(State or country)	prof				
13. NAME CALL CARLLEY 14. BIRTHPLACE (City or town) Barford	2				
14. BIRTHPLACE (city or town) Bayout	Con	Name of operation		Date of	
(State of country)	glad	What test confirmed diegnosis?		Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		23. If deeth was due to external cau			
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Suicide. De	te of injury	, 19
(State or country)	7	Where did injury occur?	(Specify city or to	wn, county and Sta	(e)
(Address) Alle Mayl	nd	Specify whether Injury occurred in	INDUSTRY, In HOM	E, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lovel Lemely Date Syst	,19.7.7	Manner of injury			
19. UNDERTAKER Henry Jarring	Sons	24. Was diseese or injury in any w			
20. FILED DEST. 27 1987 Q.C. Mi	elael	If so, specify Frank H	Lacousis	· Coron	M.
	Registrar.	(Address)	malen	rua	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cau of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUREAU V.	3.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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- 6	14	110	11 6	
0	0/	U	17	

1. PLACE OF DEATH	(2.3)
County Harland	Registration Dist. No. 183
D 7 10 L	
Village or City + allatan (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME I da Curtiss	
7 11 4	St. Ward.
(a) Residence: No. Jollaton (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR OVORCED (write the word)	Sept. 13, 1937.
5a. If married, widowed, or divorced	(Math) (Oay) (Year)
HUSBANO of (or) WIFE of	22. LHEREBY CERTIFY, Thet I attended deceased from
	Uprel 4 ,1937, to Sept 13 ,137
6. DATE OF BIRTH (month, day, and year) aug 5, 1862	I last vaw han alive on Spt 13, 1932; death is sald
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated ebove, et 9.40P.m.
75 1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade nenfaccion or particular	Cha murrandial Disease 19 42 200
SAWYER, BOOKKEEPER, etc. Jeacher	Cla. Solvation & volutio 1 min.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end	Cha Bulmougn Illeneulous ?
SAW MILL, BANK, etc.	With Preumsetinas 24x080
10. Oate deceased last worked at this occupation (month end 1930 spant in this 40	
year) occupation occupation	Other Contributary Causes of importance;
12. BIRTHPLACE (city or town) Mass	
(State or country)	2,402
E 13. NAME George J. Curtisa	
13. NAME Beorge D. Curtuse 14. BIRTHPLACE (city or town) Morse.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
IS. MAIDEN NAME Mary E. Levres	23. If death was due to external causes (VIOLENCE) fill in also the following:
E Bold m	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
m: m Quet:	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT 130 Alexandria (Address) 130 alexandria 17.	Specify whether injury occurred in INOUSTRI, in HOME, or in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Market of Inform
Place Friends Meeting Horse Sept 15 1937	Manner of injury
e Tallston And.	Nature of injury.
19. UNOERTAKER Can D. Kanata + Ann,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Janittoville, Ma,	If so, specify
20. FILED 2104 13, 1937 MAN 1 190000	(Signed) M. D.
Registrar.	(Address) + OUDT WILL MAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PARKAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—I

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF N	MARYLANI)—CERTIF	ICATE	OF	DEA	TH
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9967

1. PLACE OF PEATH	93-0
County Harffely	Registration Dist. No. / 8
Village or City boppa	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How Jong In U.S. if of foreign birth?yrsmosds.
2. FULL NAME BETTY F. EN	
8 140	U.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St.,Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SLAT (Day) (1937)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Award.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 18, 1880	I last saw han alive on Sept 2 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atO_Am.
56 11 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER fam. SAWYER, BOOKKEEPER, etc.	Um myocardial Dissape 14
SAWYER, BOOKKEEPER, etc. / - Parallel	(facility of the second of the
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O 10 Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (and Carofinia	
13. NAME) VILLEUM Share 14. BIRTHPLACE (city or town) 10. (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eucly farver 16. BIRTHPLACE (city or town)	23.4f death wes due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) 10. Carotusa	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TOUR Edwards (Address) Top fa, md	Specify whether injury occurred in INDUSTRY In HOME, or In PUBLIC PLACE.
18. BURIAL CRAMATION OF REMOVAL	Manner of injury
01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	24. Was disease or injury in eny way related to occupation of deceased? UD
19. UNDERTAKER for the service of th	If so, specify
20. FILED Sept-7, 1977 C. Richardson	(Signed) Willard G. Sildsbu M. D. (Address) FOLDT Sill My
Registrar.	" (violiezz)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	1000	
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Oate of onset

BINDING

FOR

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MARGIN

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OCT 5 1557				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIDDITIONS	DI ILUI	T. OTA	T. O TAT TITLE	DITAL TANKENSKY TO		T TE T DI CITALI

PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS mation should be carefully supplied.

certificate.

TION is very important. See instructions on back of

MARGIN RESERVED FOR BINDING -WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-0
County Harford	Registration Dist. No. 182
Village or City Rocker	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred 7.8 yrsmos	ds. How long in U. S. if of foralgn birth?
2. FULL NAME CENTREW & Guere	-FL
(a) Residence: No. Tocke	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH
male while melower	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of Catherine Everett	22. I HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Mussolo 3 - 1862	1907 10 2007
6. DATE OF BIRTH (month, day, and year) Multiple 3 - 1 8 0 1 1 LESS than	I last saw how aliva on Sept - / C , 19.3.7; death is said
dil la	to have occurred on the date stated above, at
85 6 13 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Valvular Don't
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) Lefter this occupation (month and	Heart Disease know
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decaasad last worked at this occupation (month and /927 11. Total time (years) I spent in this	
this occupation (month and 1927 spent in this year)	
Brehmond Va	Othar Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME John Everett	
E () Cool - S	
4. BIRTHPLACE (city or town) (Stete or country)	Nama of operation
	What tast confirmed diagnosis? Was thara an au'opsy?
I 15. MAIDEN NAME NOT RECORD	23. If daath was due to external cousas (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Wet Known	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Urgel Twent	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place I F gradus Date 9 197 , 197	Nature of injury
19. UNDERTAKER LETURE HOW.	24. Was disaase or injury in any way ralated to occupation of decaasad?
(Addrass) (parrettsvelle	If so, spacify
20. FILED Sept 19 1937 That. P. Brown	(Signed) J. F. Bradley
Registrar.	(Addrass) Janettanill
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Benimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

STATE OF MAR	YLAND—CERTIFIC	ATE OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 9970
1. PLACE OF DEATH	92-01
County Hearface	Registration Dist. No. 183
Village or City - wre Travelle)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 45 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rebecca Cordal	Lia Salbeath
(a) Residence: No. har farre thank (Usual place of abode)	Cot., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Seft 9 1997
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of James Melaon Salheath	22. I HEREBY CERTIFY, That I attended deceased from aug - 20, 19.37, to 2 - 2 - 9, 19.37
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Sept - 9- , 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2.22 Pm.,
85 8 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chronic Valvular Data of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Chestrust Hell (State or country)	Other Coutributory Causes of importanca:
13. NAME Thomas I. Robinson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Harford Co	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cellesca Corbelles Rolling	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Samuel W Glalheath (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Settle Cem. Date Seft 11 ,193/	Nature of Injury
19. UNDERTAKER Stend Elm (Address) Authorite mod.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept II. 1937 Thomas P. Brown Registrar.	(Signed) A. J. Bradley M. D. (Address) Junettinille M.
1.00.41	

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	**	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s	31 (3		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTIL	ER STATEMENTS BY PHYSICIAN	

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BINDING

FOR

RESERVED

OCCUPA-1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred mos. 44 ds. How long in U.S. if of foreign birth?______yrs._____mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR, (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) male (Month) 5a. If married, wildowed, or divorced HUSBANO of 22. CERTIFY. That Lattended deceased from (or)-WHEE-of-186 6. DATE OF BIRTH (month, day, and year) 7. AGE 64 If LESS than Days to have occurred on the date 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were es follows Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Pindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Data daceased last worked at 11. Total tima (vaars) this occupation (month and spant in this year) _____ occupation ... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Neme of operation. (Stata or country) What test confirmed diegnosis?_ ----- Was there an autopsy? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?_ OF DEATH 16. BIRTHPLACE (city or town) ----- Dete of injury _____ 19. (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT should very (Address) nu a 18. BURIAL, CREMATION_OR_REMOVAL Mannar of Injury AUSE MOLL Nature of injury_ 24. Was diseese or injury In any way related to occupetion of deceesed? 19. UNDERTAKER U (Address) If so, spacify (Signed) 20. FILED Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

6	663	100	1)
0	19	1	4

1. PLACE OF DEATH County Harlow	Registration Dist. No. 183
Village or City Rutledce	
39	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Omanda Ellen (a) Residence: No. Quilled Gl	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept /2 , 193 7 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Chaules Hall	22. Self 9 1937, to Self 12 1937
6. DATE OF BIRTH (month, day, end yeer) 2 9 - 1875	I lest saw h. ex elive on Selat /2 1937 : death is said
7. AGE Yeers Months Days If LESS then I dey,hrs	the tartety cycle of DEVIU and length causes of importance
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	- Peute Rheumatic Fever Gehr
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked et this occupation (month and	- acute Drugo carditis
O 10. Date deceesed lest worked et 11. Total time (yeers) spent in this yeer) posupetion posupetion posupetion posupetion	ews. of
12. BIRTHPLACE (city or town) Harford (State or country)	Other Contributory Canses of importance:
13. NAME Richard Cromwell	3
14. BIRTHPLACE (city or town) Harford (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Charry Crownell 16. BIRTHPLACE (city or town) Harfard & S	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
S (State or country)	Accident, suicide, or homicide?
17. INFORMANT Charles Hall (Address) Talleston, md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece World State Date Sight 15, 197	Menner of injury
19. UNDERTAKER SKILLE STATE SALE SALES	24. Wes disease or injury In eny way releted to occupation of deceased? NO
20. FILED Sept 15, 1937 That P. Brown Resistrar.	(Signed) Wilmer to, Ousor M. D. (Address) Croker Sville Sad.

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Other contributory causes of importance:	All Tables	Other contributory causes of importance:		
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RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

properly classified.

certificate.

See instructions on back of

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:20
County Harford	Registration Dist. No. / 8 4
Village of City Dullin	No. St., Ward
16	f death occurred in a hospital or institution, give its NAME instead of street and number)
0 4 5 1L 0x	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GOM CILITARIS	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE 5. STOLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 10 193 193
5a. Il married, widewed or diverged	(Nonth) (Day) (Year)
HUSBAND OF Lilly Mal Halsey	22. HEREBY CERTIFY, Thet ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) July 4 1867	i last saw h. Aus elive on Auf 10 , 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.3.0.0.m.
70 & 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, etc.	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	Circles Herrarding
10. Date deceased last worked at this occupation (month end 1927) 11. Total time (years) for this occupation when year)	
12. BIRTHPLACE (city or town) alleg. Co.	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME Am. Halsey	V
14. BIRTHPLACE (city or town) alleg. Co.,	Name of operation
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Preobe Edwards	23. II death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) alleg. Con	Accident, suicide, or homicide?Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Are form E, Stalsey (Address) Street, md	Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION OR SEMENAL Com, Date Sept 1937	Manner of injury
At. S. Bailer	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address), 29 ar Lington 1971 d	Il so, specify
8.1+11 27 m (n Kish	(Signed) + Janagas M.D.
20, FILED POPLE 1907 Registrar.	(Address) Dalitalon

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

plnods PHYSICIANS RECORD. FOR BINDING

OCCUPA Exact PERMANENT classified. M H certificate. properly stated IS HIS be Jo may back should on that instructions UNFADING S terms, See plain be carefully very important. DEATH plnous OF -WRITE CAUSE mation LION

RESERVED

3, SEX

7. AGE

OCCUPATION

FATHER

MOTHER

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, end year)

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc....

this occupation (month and

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

10. Date deceased last worked at

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

(State or country)

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAM

(Address)

(Addrase)

19. UNDERTAKER

Yaars

(or) WIFE of

STATE OF MARYLAND—CERTIFICATE OF DEATH

5, SINGLE, MARRIED, WIDOWED,

II. Total time (years), spant in this 28

occupation ...

Days

DIVORCED (write the word)

If LESS than I day, ____hrs.

or min.

PERSONAL AND STATISTICAL PARTICULARS

Months

4. COLOR OR RACE

Registration Dist. No (If death oppurred in a hospital or institution, give its NAME instead of street and number) How Jong in U.S. if of foreign birth?_____yrs.____mos.____ds. U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Day) That attended deceased Date of onset Nama of operation ... What tast confirmed diagnosis?_ 23. If death was due to external causes Accident, sulcide, or homicida? Whare did Injury occur? (Specify city or Jown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Mannar of Injury Neture of injury.

24. Was disaase or injury in any way related to occupation of deceased?

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Other contributory causes of importance:		Other contributory causes of importance:			
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			1		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

1. PLACE OF

STATE OF MARYLAND-	CERTIFICATE OF DEATH 997
DEATH	(121)
unford	Registration Dist. No. / 82
new Belan	No
ice in city or town where death occurred_/yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?
E ms Howard m Heck	Margarel a Heck St., Ward.
No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICLE ARE	A some seem give city or town and State

County Acuston	Registration Dist. No. / O C
Village or City New Bel Cen	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmc	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME ms Howard m Heck	(1/ Largarel U Hech)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) ***COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hervard "No Hech	22. I HEREBY CERTIFY, That I attended deceased from 12-27 1935, to 15-10 1937
6. DATE OF BIRTH (month, day, and year) Cinca 14-1876	I last saw here elive on 2 1 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
5/ 1 day,hrs	
8. Trade, profession, or particular	were as follows: Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	contact gamentes nationalis nations
9. Industry or business in which	DLabells Met Gra
work was done, as SILK MILL, SAW MILL, BANK, etc.	Hyperunia Cheephalopoly 729-37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Olly Company (State or country)	Other Coutributory Causes of importance:
1 0 //	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Clinecal Was there an autopsy? No
15. MAIDEN NAME Carrier Withers	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur?
17. INFORMANT Annual M Hech (Address) Relammed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mot Jim Date Sefet 12, 19.3;	Neture of injury
ex u. T e	
19. UNDERTAKER Old and Vostar (Address) Bell and Vostar	24. Was disease or injury in any way related to occupation of deceased? No
(Audiess)	If so, specify
20. FILED Dept 12, 197 MC Richardson	(Signed) M. D.
Registrar.	(Address) Estaturon me

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ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

WITHIN GO . TILIMITE A

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m & Wanter noching
County Harbourd - This manuas	Found lying an see Registration Dist. No. 185
Village or City of Serve de Grace ma	, No Harford memorial Frosted was
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town whera death occurredyrsmos	ds. How long in U.S.If of foreign birth?yrsd
2. FULL NAME James Howard	If U. S. Veteran, specify WAR
(a) Residence: No. //0-2, 5-42 &C, mark	v, St., Ward. washinglous &
(Usual place of abode)	If nonresident give/city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word)	21. DATE OF DEATH
Male While renknown.	(Month) (Day) . (Yaar)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceesed fro
(or) WIFE of	. 19to
6. DATE OF BIRTH (month, day, and year) rulereours	I last saw h alive on, 19; death is sa
7. ACE Years Months Days If LESS than	to have occurred on the date stated above, at 12.300 m.
alt. 5.5 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Frather & skull struck by Date of one
kind of work done, as SPINNER, Unleworen	hit true driver, Inglient
9. Industry or business in which work was done as SILK MILL.	duned unneeday
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month end	
U 10. Date deceased last worked at this occupation (month end year)	automobile socident, cut Re
O	Other Contributory Causea of importance:
12. BIRTHPLACE (city or town).	
	*
13. NAME Culsuowi) 14. BIRTHPLACE (city or town) Renderwood	
4 14, BIRTHPLACE (city or town) Uniform	Name of operation
(State of country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME Tullwown, 16. BIRTHPLACE (city or town) Vulsuosvel, (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) was survey.	Accident, sulcide, or homicida? Lassadanto. Date of injury 2011.30., 1937.
(State or country) rulsuouw,	Where did Injury occur? and Lasers de Snock of Harford County of (Specify city or town, county and State)
17, INFORMANT Officen	Spacity whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
(Address) UU 18, BURIAL, GREMATION, OR REMOVAL	- Aublie place - Route # 40.
Place Have de Grace pate Oct. 5, 1937	Menner of injury
Q 14 1	Nature of injury
19. UNDERTAKER Jemmy Stoutoni	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Have of Guace, ma	If so, specify About Palouse w
20. FILEO Och 5 , 1937 Charles & Bluy Job Registrar.	(Signed) Comment of the state o
	Wordless) W. A. C.

0070

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY.

AGE should be

properly classified.

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

8 ż

STATE OF M	MARYLAND-	CERTIFICATE	OF DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 9977
1. PLACE OF DEATH	
County Hartord	Registration Dist. No. 180
Village or City Ofter Fourt	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number).
Length of residence in city or town where death occurredyrsmos.	. Z ds How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME Rey Witte En auce	et Huson
(a) Residence: No. Other Point	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 19
Water where light	(Menth) (Day) T (Year)
5a. If married, widowed, or divorced HUSBAND of	H1 .10
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Nulstin 27	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 death is sald
7. AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	A / / A / A / A / A
SAWYER, BOOKKEEPER, etc	cyan our
work was done, as SILK MILL, SAW MILL, BANK, etc.	Wongental His
10. Date deceased last worked at 11. Total time (years)	1
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contribatory Causes of importance:
(State or country) Maly Jano	2:17:67
13. NAME Willet & Johnson	with.
13. NAME WELVEL & Follows 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Pelece Poullock	
I iener	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jungunal (State or country)	Where did Injury occur?
Weakert Deliner	(Specify city or town, county and State)
17. INFORMANT (Address) Lace Lotte	Specify whether injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Abingdon Cemet. Date Sept 20 1937	Nature of injury
	// 1 /// 1
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or injury in any way related to ccupation of deceased?
	If so, specify that other
20. FILED Sept 1937 6 mily M, Shipley	(Signed) Lag Euro of M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		
12710710011070010	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage UUI 0 1831	July 5, 1927	Perilonilis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN	

FOR BINDING MARGIN RESERVED

V. S. No. 1

Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20
County Hartord	Registration Dist. No. / 8 2
Village or City Forest flill Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare daath occurred_2_7_yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Elizadeth M (a) Residence: No. Hores Hill Md. (Usual place of abbde)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Temale 4. COLOR OR RACE OR DIVORCED (write the word) Mann & S	21. DATE OF DEATH (Month) (94) (193.7. (1941)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Augustin HMahan	22. HEREBY CERTIFY, That I attended daceasad from 91937
6. OATE OF BIRTH (month, day, and year) 700-28-1868 7. AGE Years Months Oays If LESS than 1 day,hrs. orhrs.	I last saw h alive on 1937; dasth is seid to have occurred on the date statad abova, at 1937. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chr Fulmonary Subnews 20
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last worked at this occupation (month and year) 11. Total tima (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) Le Well (State or country) Md	Other Contributory Causes of Importance:
13. NAME Richard Foley 14. BIRTHPLACE (city or town) Md.	
[14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of County)	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME E) 13a 6+th Lechary 16. BIRTHPLACE (city or town) (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Augusture & Mahan (Address) Forest Hill mas	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A Sept 11, 19.37	Manner of injury
19. UNDERTAKER Dean Y Fister (Addrass) Bil Cin mid	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED Sept 10, 1997 N. E. Richardson. Registrar.	(Signed) Willard V. Killabou M. D. (Addrass) Follow Well Med M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

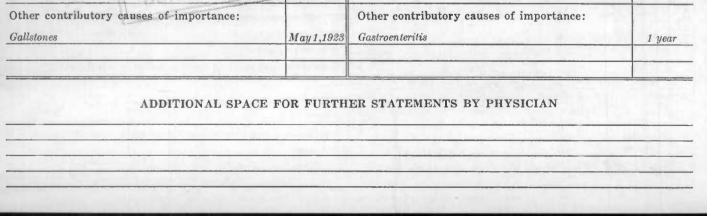
11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURYAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Hortond.	Registration Dist. No. 184
Village or City Whiteford	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ellen H. Mana	ke
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Seft 23 mg (Month) (Day) (Yest)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of ### ### ###########################	22. 0 ! HEREBY CERTIFY. That I attended dyleased from
mai 11 - 186 11	1917, to left 23 1937
6. DATE OF BIRTH (month, day, end year) // AGE Years Months Days If LESS than	l last saw h. elive on
73 4 / 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lux Wulliam
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occuration (morth and	Lallewood by Branchile
SAW MILL, BANK, etc	Saline.
O 10. Date deceased lest worked et this occupation (month end year) occupation occupation occupation	Jaimany cause: Cerebral Germanhage
9/1//	Other Contributary Causes of importance: Duration: the or four days.
12. BIRTHPLACE (city or town)	Occ. 18
13. NAME Thomas Thudle	· · · · · · · · · · · · · · · · · · ·
E James James	
14. BIRTHPLACE (city or town) Wolfs	Name of operation Date of
15. MAIDEN NAME ELLO STATE MORELAND	What test confirmed diagnosis? Wes there an autopsy?
- Cayron Horge	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Pl 9L	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (MMW O) You like Pa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Menner of injury
Place State Anage Date Sept 3619137	Neture of Injury
19. UNDERTAKER HILLS HORSENS	24. Wes disease or injury In any way related to occupation of deceesed?
20. FILED Legel 26, 1937 H. J. S. M. nahl. Registras.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ca6 2 17 1 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	i ii	Example II	1-1-1
The principal cause of death and related causes of importance were as follows:	2	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT & 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

Gallstones	May 1,1923	Gastroenteritis	1 year
			,

-WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

certificate.

PHYSICIANS should state Exact statement of OCCUPA-

CORD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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43	(1	h	-2	в
U	9	C2	1	9

1. PLACE OF DEATH	(90)
County Harford.	Registration Dist. No. 18a
	No. St., W. (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Leonge Marle	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale. White Willowed	21. DATE OF DEATH Sept 9 (Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Folkship	22. I HEREBY CERTIFY, That I attended deceased Sept 8 , 1937, to Sept 9 , 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hr:	to have occurred on the date stated above, at 10.45 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	awared arterist devois Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	mesenteri Thrombrais Seft
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Characteristics (State or country)	Other Contributory Causes of Importance:
13. NAME Devel Maryland.	
(State or country)	Name of operation Date of What test confirmed diagnosis? Clanscol Was there an autopsy? 1
15. MAIDEN NAME Christian Junger 16. BIRTHPLACE (city or town) Maryland (State or cognity) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL RISE St. Stephens, Date Sept. 11 ,19 3	7 Manner of injury
19. UNOERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or injury In any way related to occupation of deceased? 21.
20. FILED Sept 9, 1937 & mily M Shipley Register.	(Signed) Fred O Hodous (Address) Edglward Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	n de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis G 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state of OCCUPA. CORD. Every item of infor-Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. certificate. be AGE should be Jo CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(191)
County Harley	Registration Dist. No. 182
Village or City Mark Torest Hell	NoSt., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 6yrsmos.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Stayth Martin	If U. S. Veteran, specify WAR
(a) Residence: No. Sout Hill	St., Ward.
(Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	(1817)
(or) WIFE of annual Martin	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man 1- 1866	I last sow him alive on Sefet lat , 1937; daath is said
AGE Yaars Months Days if LESS than	to have occurred on the date stated above, at 4:43-Am.
7/ 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profassion, or particular kind of work done, as SPINNER,	artions selection leng portureing Date of one of
SAWYER, BOOKKEEPER, etc.	profeligio, endacof ditus and
work was done, as SILK MILL, SAW MILL, BANK, etc.	perpliste.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	Chronic endocarditia: Duration: second years.
this occupation (month and spant in this occupation occupation	- Chronic replaities Duration: several years curses
1 +111	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Town (Stata or country)	
14. BIRTHPLACE (city or town) - Prelance	
4 14, BIRTHPLACE(celty or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Collegin Muller	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cattlesin Muller 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Changa Martin	(Specify city or town, county and State) Specify whather injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jagnatins Date Sept 4, 1937	Nature of injury
19. UNDERTAKER Dean V. Josla	24. Was disease or injury in any way related to occupation of deceased?
(Address) Belle me	If so, specify
20. FILED Supple 3, 197 ME Richardson Registrar.	(Signed)
To make the land and the Company	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TANK AND THE CONTRACTOR	DA JACAS	1 () 10	Y CHATTING	DIAKE ASSISTED AND A DO	10 11	T TE T DIOTETTA

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3952
1. PLACE OF DEATH	THE C	
County Harford	Registration Dist. No. 18	2
Village or City Belaw mil	NoSt.,	Ward
Length of residence in city or town where death occurred 35yrsmos	death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
2 0 4 00	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
	If U. S. Veteran, specify WAR	
(a) Residence: No. Main M. J. J. J. (Usual place of abode)	St., Ward. If nonresident give city or town and St	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	tote
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
mule white OR DIVORCED (write the word)	(Month) (Day)	193 7
5a. If married, widowed, or divorced HUSBAND of		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(or) WIFE of Mary Barre McComes	Sept 29 1937 to Sept 30	ceased from
6. DATE OF BIRTH (month, day, and year) Q17-1873	Hast saw him alive on Sept. 29 1937:	double sold
7. AGE Years 3 Months Days If LESS than	to have occurred on the date stated above, at 3. Pm.	nestii 12 2410
64 11 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	Corebro Deukol	Date of onsst
o kind of work done, as SPINNER, Merchant	dollarsing Julg wiralion	
Industry or business in which work was done as SUK MILL	D A VO	Sept. 30
SAW MILL, BANK, etc Sunhary Handwar	D	2x44.20
O 10: Data deceased last worked at this occupation (month and spear) occupation		
12. BIRTHPLACE (city or town) Balling Co	Other Coutributory Causes of importance:	
(State or country)		
13. NAME (les mcleomas		
13. NAME (left Meleoman) 14. BIRTHPLACE (city or town) Harford Com	Name of operation Date of	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'	
15. MAIDEN NAME Hannah & Cairnes	23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?-/-Y-
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? No Date of injury	19 -
State or country)	Where did injury occur?	
17. INFORMANT W M. M. M. Comar	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) Belan ma		
18. BURIAL, CREMATION OF REMOVAL	Manner of Injury	
Place Dellus userry. Date 90, 2, 1927	Nature of Injury	/
19 UNDERTAKER Dean Fester	24. Was disease or injury In any way related to occupation of deceased?	Vo
(Address) Belan mid	If so, specify	
20, FILEDOCT 2 10) NEKichardson	(Signed) a. F. Van Deber	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	**	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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0ccurred in a hospital or institution, giv	ve its NAME inst	St.,	Ward
_ds. How long in U.S. if of foreig	n birth?	yrsmos	sds.
of U. S. Veteran, specify	v WAR		
Ward.			
	nonresident give	city or town and	State
MEDICAL CERTI	FICATE O	FDEATH	
DATE OF DEATH	8.1+	40	
(Mon		(Day)	193.7 (fear)
t sew between elive on So), to SY 0 + 2 Z 0, at 10 A	1937 	eceased from , 193-7 ; death Is said
PRINCIPAL CAUSE OF DEATH and is follows:	related causes of	importence	Date of onset
4, myo condu	4 De	rease	241000
1			
r Contributory Causes of Importence:			
e of operation		Date of	
t test confirmed dlegnosis?		Was there en e	u'opsy? 40
death was due to external causes (VI	OLENCE) fill in	elso the following:	
dent, suicide, or homicide?	Dete	of Injury	, 19
re did injury occur?(Sn	ecify city or tow	n county and State	.)
(Sp eify whether Injury occurred In INDU	STRY, In HOME,	or In PUBLIC PLA	CE.
ner of Injury			
re of injury			
as disease or injury in eny way rela	ted to occupation	of deceased?	4
o, specify (Signed) Welfork	P.14	ulson	M. D.
(Address) Fuls	Hel	s mg	
Charles Street Baltimore Requester	971 S N/a =		

If more blanks are needed, address State Registrar, 2411 N. (

Registrar.

ARGIN RESERVED

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
- Carrottes	muy1,1920	distribution	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AMARGIN RESERVED FOR BINDING

	Village or City Length of residence in c	arford	Memari	Registration Dist. No	St.,V
2	P. FULL NAME (a) Residence: No.	Laire	(Usual place of abode)	If U. S. Veteran, specify WAR. Ward. If nonresident give city or to	•••••
		ND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
n	Lale Ca	lared	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SEBY 16 (Mogylin) (Day)	, 193 /Yee
5a.	If merried, widowed, or div HUSBAND of (or) WIFE of	·	1 Peace	22. 9 I HEREBY CERTIFY. That La	ttended deceased
6. 1	DATE OF BIRTH (month, da		by 9-1876	i lest saw h. esce elive on 9 - 16-37-10	deeth i
certificate	AGE Yeers	Months	Days If LESS then 1 dey,hi	to heve occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importen were as follows:	
TION	8. Trede, profession, or particles with the second	, es SPINNER,	Yu ai Tea	Alexand Alexander	Date o
back	Industry or business I work wes done, es SAW MILL, BANK,	n which	(Contract)	manus nery pur	1
00 OC	10. Dete deceesed last wo	orked at	11. Totel time (years) spent in this	Monument Consider	
instructions HER N	BIRTHPLACE (city or town	Harfo	occupation	Other Contributory Cause of importence:	
nstru ER	(State or country) 13. NAME	ues It	eacon 1		
See in	14. BIRTHPLAGE (city or t	own) Nar	ford Carrit	Name of operation	ete of
~ 1	15. MAIDEN NAME	artha	Lucision	What test confirmed diegnosis? Was th 23. If deeth was due to external causes (VIOLENCE) fill In elso the f	
important.	16. BIRTHPLACE (city or t	own) War	ford Caree	Accident, suicide, or homicide? Date of injury.	, 19
imi 17.	INFORMANT My. Z	Vesly !	Pesco	Where did Injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY, In HOME, or in PUE	and State) BLIC PLACE.
002	BURIAL, CREMATION, OR Place	REMOVED CONTENTS	race, Maryla	Menner of injury	
NOIL 19.	UNDERTAKER Eli	w E.	Bullock	Nature of injury 24. Wes disease or injury in any way rejected to occupation of decee	sed?
	FILED Set. 18	re de	Those was	If so, specify (Signed)	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
processing and the second seco				

ADDITIONAL SPACE FOR FURTHER STATEMENTS I

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

CORD. Every item of infor-PHYSICIANS should state

Exact statement of OCCUPA-

N. B.—WRITE PLAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9985
1. PLACE OF DEATH	
County Harland	Registration Dist. No. 184
4 2 = 1	
Village or City Afarling town (1	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Randon	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
214 15-1927	- at berth 19 , to, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	l lest saw h; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
ormin,	were as Tollows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	frewature birth
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
O 10. Date deceased last worked et this occupetion (month and year)	
12. BIRTHPLACE (city or town) Atarford (5.) (State or country)	Other Coutributory Causes of importance:
13. NAME Paul Randow	
14. BIRTHPLACE (city or town) Sancaster Co.	Name of operation
(State or country)	Name of operation
15. MAIDEN NAME Edith, Randow	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Editor Prandout 16. BIRTHPLACE (city or town) CS CO (State or country)	Accident, suicide, or homicide?
17. INFORMANT Paul Randou	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMIDEAL & M. Dete Sept. 16, 1937	Manner of injury
19. UNDERTAKER AT Bailey (Address) Darling May	24. Was disease or injury in any way related to occupation of deceased?
mouse Sept 5 10 37 M. W. Mirk	(Signed) A Line M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MADVIAND_CEDTIFICATE OF DEATH

A	STATE OF WARTLAND	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	82-01
of co	County Harford	Registration Dist. No. 183
item of should of OCC	Village or City Rocks	No. St., Ward
> 00 m	Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsds
Every CIANS ement	2. FULL NAME Franklin Re	ed
CORD, Every PHYSICIANS oct statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
40H ta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT CCC L Y. PH. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIPORCED (purite the word)	21. DATE OF DEATH 25 , 193 7
ING CT I Sifted	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
DIII AN A C Ssii	(or) WIFE of	22. HEREBY CERTIEY, That I ettended deceased from
BINDIN FERMANE EXACT y classifie te.	6. DATE OF BIRTH (month, dey, end yeer) The Received	I lest saw herit alive on Seff 24 1937; death is sain
	7. AGE 75 Yeers Months Deys If LESS then	to heve occurred on the date stated above, et / 1802m.
FOR IS A. I stated proper	Whare I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
20	8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Halmor haze of brain Soft 4
	F	
KK_T VK_T should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
	10. Deto deceesed last worked at this occupetion (month end spent in this	
REG I	year) occupetion	Other Contributery Causes of importence:
ZATO	12. BIRTHPLACE (city or town) Rocks	Other Contributory Causes of Importence:
ARGIN INFADI pplied. terms, so instruct	(State or equity) Freeford es med	
UNFA UNFA supplied n terms, ee instr	13. NAME OSCHOULE B REED	
Dist	13. NAME Seffence B Reed 14. BIRTHPLACE (city or town)	Name of operation Dete of
1 1 2	(State of country)	What test confirmed diagnosis? Column Wes there an eutopsy?
WITT efully in pla ant.	15. MAIDEN NAME County a Dentow 16. BIRTHPLACE (city or town). Harford CO	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
		Accident, suicide, or homicide? Dete of Injury, 19
be Ber mp	(State or country)	Where did Injury occur? (Specify city or town, county and State)
FLAINLY, WI Should be careful OF DEATH in F. very important.	17. INFORMANT CINCLEGY of Reco. (Address) Rockes and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
F-3 02	Place Letter Cen Dete 12/ 193/	- Neture of Injury
WRITE mation s CAUSE TION is	19. UNDERTAKER Strick How	24. Wes disease or injury in any way related to occupation of deceased?
No. 1	(Address)	If so, specify
Z M	10 suco lable 22 1032 Thomas IR Brown	(Signed) Charley O. 5amos M.
> Z	20. FILEOUPY LY, 193 JOHN PRAS V. JOUNTY Registrar.	(Address) About Bo. and.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GOT 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	grant i
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	MARCIENTE	OPERATION OF BEATTI
		773
County Harford		Registration Dist. No. 180
Village or CityEdgewood Arsens		
Length of residence in city or town where death	• • • • • • • • • • • • • • • • • • • •	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Leonard J. R.	iccio	If U. S. Veteran, specify WAR
(a) Residence: No. Btry A,6th I	F.A.Ft Hoyle, Md. (Usual place of abode)	St., Ward. — If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH September 24 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Single		22. I HEREBY CERTIFY. That I attended deceased from September 24 19 37 to September 24 19 37
	20 1012	llast saw h im alive on September 24 19 37 death is said
6. DATE OF BIRTH (month, day, and year) Marcl 7. AGE Years Months	Devs If LESS than	to have occurred on the date stated above, at 6 2 10p m.
24 5	1 1	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	25 I day,nrs.	were as follows:
**Trade, profession, or particular kind of work done, as SPINNER, Sold: SAWYER, BOOKKEEPER, etc	er. II.S. Army	Homicide by firearms, .45 Cal. 9-24-3
SAWYER, BOOKKEEPER, etc.	,,	pistol, Wound perforating, chest,
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-	through Sup. mediastinum, aortic
10. Date deceased last worked at	11, Total time (yeers)	arch and fissure of left lung.
this occupation (month and 1 937	spent in this 1-11/1	2
12 BIRTURI ACE (situat town) Altoona		Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) ALGOORE (State or country) Pa		Hemorrhage, profuse, left pleural cavity.
13. NAME Michael Riccio		. Cavicy.
I IS. NAME MICHAGI TITCOTO	COUNTY France	Name of operation None Date of
14. BIRTHPLACE (city or town) (State or country)	Bearing do VI	Home of Operation
(State of country)	Janes Consc	What test confirmed diegnosis? Autopsy
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	aria conoco M	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	M (Killell)	Accident, suicide, or homicide? Homicide Date of injury Sept 24,937
(State of country)		Where did injury occur? Ft. Hoyle Harford Maryland (Specify city or town, county and State)
17. INFORMANT Service Record, U (Address)	. S. Army	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Public place
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury Homicide by shooting
Place Altoona, Pa. Da	see Sept 25 19.37	Nature of injury Wound, perforating, of chest
Howard K McCome	2.0	24. Was disease or injury in any way related to uccupation of deceased? NO
19. UNDERTAKERHOWARD K.McComas, (Address) Abingdon, Md.		If so, specify
	- 11· A	(Signed) W. OFTUT Lt. Col MC M. D.
20. FILED Sept 24, 1937 6 Truly	The Shiplay Registral.	(Address Edge vood Arsenal, Md.
<u></u>	Registraf.	" (vontess) - 204 ANAW TOTALITY 1 - WAY

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Example I	HE RESIDE	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.		3. 1 2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS BY PHYSICIAN
 thr and the	

STATE OF MARYLAND-CERTIFICATE OF DEATH

9988

1. PLACE OF DEATH	6100		
County Thorson	Registration Dist. No. 183		
Village or City Pylarilly	No. St., Ward		
Length of residence in city or town where death occurred 29-yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.		
2. FULL NAME THE STATE OF STAT	2. Candinal		
(a) Residence: No. Pylosville	St. Ward.		
(Usual place of abode)	If nonresident give city or town and Slate		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 23°-1 (Month) (Day) (1937		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, dey, and year)	22. I HEREBY CERTIFY, That I attended deceased from Saw har office at last 22 19/ Nr liest saw har worker ale of last 19 death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at		
27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
O Trade reference and the control of	Thorashine for fractil Date of onset		
9. Industry or business in which	them for all faller left of forms		
work was done, as SILK MILL, SAW MILL, BANK, etc	Fartiff tolor hip tall &		
10. Date deceased last worked at this occupation (month and spent in this	of The body		
year) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)	- Outonsfale accident - struck by automobiles		
	Killed insteatly a Complete.		
14. BIRTHPLACE (city or town)	Name of operation		
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Many trend	23. If deeth was due to external causes (VIOLENCE) fill In also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of injury Left .23, 1937.		
State or country)	Where did injury occur? Pylesealle Assifand County manylands.		
17. INFORMANT Trounk Schwesselem	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) 18. BURIAL, CREMATION, OR REMOVAL	- Julie place		
Place State Rodge Papale Self 15 1957	Menner of Injury Shock by Oar centernolable.		
21 61 621	Nature of Injury Kelled instantly		
19. UNDERTAKER ACTION OF A CONTROL OF A CONT	24. Wes disease or injury In any way related to occupation of decessed?		
20. FILE Sept 25, 1937 Thos P. Brown Registrar.	(Signed) (Address) (Addres		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
OCT # 1937	1915	Attack of epilepsy	1 week ago
hritis	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
causes of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	of death and related causes as follows:	of death and related causes as follows: 1915 1921 July 5,1927 causes of importance:	of death and related causes page of death and related causes of importance were as follows: 1915 Attack of epilepsy Peritonitis 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

Exact statement of OCCUPA.

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

B.—WRITE PL.

V. S. No. 1

See instructions on back of certificate.

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0	31) (),	J

1. PLACE OF DEATH	OI WAIL	LAND	CERTIFICATE OF BEATH
County Hayford			Registration Dist. No. 182
Village or City Length of residence in city or town where	ec 7		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No.	Llan (Usual place	Biley - Ohd	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Reley		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (Month, Way, and year)			i last saw h
7. AGE Years Months	Days	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc	spa spa	ime (years) nt in this upation	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)			-
13. NAME 14. BIRTHPLACE (city or town) (State or country)			Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT County Welfare (Address) Bekannud			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MITZLES	Date de	1 16,1987	Manner of injury
19. UNDERTAKER Dear VE	Festiv		24. Was disease or injury In any way related to occupation of deceased?
20. FILED SUFF 16, 1997 NC	Cichard	Registrar.	(Signed) M. D. (Address) Selfan M. D.

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

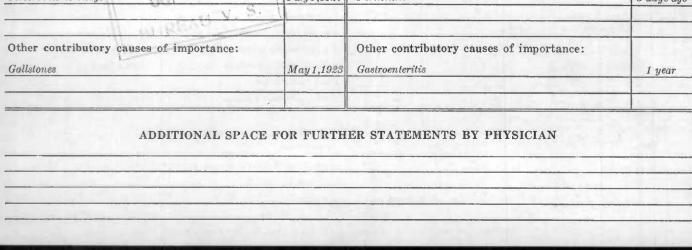
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



plnods Jo PHYSICIANS statement CORD. classified PERM! × 回 certificate. properly stated be jo may back plnoys that GE instructions So in plain terms, See carefully should be very

BINDING

FOR

RESERVED

important. CAUSE OF DEATH mation NOIL

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. hospital or institution, give its NAME instead of street and number) (If death occurred in a How long in U.S. If of foralgn birth?_ 6. S. Veteran, specify WAR. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH S. SINGLE, MARRIED, WIOOWED OR DIVORCED (write the word) (Oav) 5a. If married, widowed, or divorced HUSBANO of 22. TIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS then The PRINCIPAL CAUSE OF DEATH and releted causes of importance or min. Oata of onsat Trede, profession, or particuler OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.___ 9. Industry or business in which work was dona, as SIEK MILL, SAW MILL, BANK, etc..... 11. Total tima (yaers) spent in this 10. Oate dacaased last worked at this occupation (month end occupation. Contributary Causes of Importance 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Nama of operation. (Stete or country) What tast confirmed diagnosis? Was there an autopsy?. MOTHER 15. MAIOEN NAME 23. If death was due to external couses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMAN Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury.

If so, specify (Signad)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

S. No.

19. UNOERTAKER

20. FILED

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Example I	Barrie and a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

	TION is very important. See instructions on back of certificate.	
act statement of OCCUP	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
PHYSICIANS should st	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	
Cord. Every item of inf	N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT I CORD. Every item of inf	Z

A. A.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital of institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?______vrs. If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (qurite the word) auale (Month) is if married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at_____ 1 day....brs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were as follows: Data of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this year) ccupation ___ (State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_______19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury _Date Neture of injury 24. Wes disease or injury in any way related to occupetion of deceased?_ If so, specify. 20. FILED. Registrar. (Address)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TO THE PERSON OF V. S		4:	2011/01/11	
			ŧ	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			11.2	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9992
1. PLACE OF DEATH	820
County Var by di	Registration Dist. No. / 8
Village or City Anta.	NoSt., Ward
Length of residance town where aboth occurred yrs nos.	Meath occurred in a hospital or institution, give its NAME instead of street and number)ds., How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ALLE	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH Sulat 30
May Whell Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. / /I HEREBY CERTIFY, That J attended daceased from
(or) WHEE of Mary Sewell.	Nept 24, 1937, 10 leapl 30, 1937
6. DATE OF BIRTH (month, day, and year) May 2 8, 1862	aliva on 1917; daath is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4.35 P.m.
/5 4 0 10ay,min.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
Range Profession, or particular (kind of work dona, as SPINNER,)	
SAMYER, BOOKKEEPER, etc.	() suite to en the true or have sole
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Correct to the total of the
O 10. Date daceasad last worked at 11. Total time (years) this occupation (month and spent in this	······································
yaar) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME ferry fluvell. 14. BIRTHPLACE (city or towns)	
4. BIRTHPLACE (city or towns) (Stata or country)	Name of operation
	What test confirmed diagnosis?
I CONTRACTOR OF THE PROPERTY O	Accidant, suicida, or homicida?
State or country)	Where did injury occur?
17. INFORMANTAL Dellard Gerell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18 BURIAL, CREMATION OR REMOVAL	Mannar of Injury
Mercuff our Date Contico, 100	Nature of injury
19. UNDERTAKER Joseph Lufer & Troff -	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) Bulson md.	If so, specify
20. FILED CA 4, 19) / 1, Charles Registrar.	(Signed) Web Who M. D. (Address) The EUVITA Wee
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

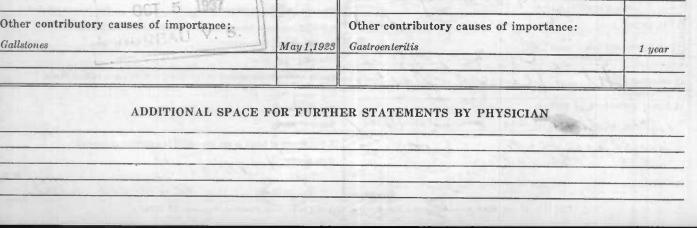
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
OCT 5 1937				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis		
	111 49 1,1020	Charles and	1 year	



N. B.—WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT I JOKD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—WRITE PLANLY, WIN	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.
7	1		

. MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH 1999	1.3	
1. PLACE OF DEATH	22		
County Harfard	Registration Dist. No. 185		
Village or City Habre de Chare me	1 12 - 12 1.	Ward	
		ds.	
2. FULL NAME Martha Taylor	If U. S. Veteran, specify WAR		
(a) Residence: No. 223 FALL (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Finale Mean S. Single, Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Left . 7 193 7 (Yes	7 ar)	
Se. If merriad, widowad, or divorced			
(or) WIFE of Mr. John Jaylor	22. JHEREBY CERTIFY That I attended deceased fully 13 7, to Deff 7, 19	from	
6. DATE OF BIRTH (month, dey, end yeer) 2, 1886	liest savh elive on Sept 7, 1937; death	is said	
7. AGE Years Months Deys if LESS then	to heve occurred on the dete stated above, at		
5/ 7 26 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Date of	fonset	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.			
9. industry or business In which work was done, as SILK MILL, Ofous Livefle SAW MILL, BANK, etc.	7. brand Jules culous 7-6	. 3	
10. Date deceased lest worked et this occupation (month end spent in this occupation cocupation			
12. BIRTHPLACE (city or town) Harford, County	Other Contributory Causes of importence:		
(Stete or country) Maryland			
13. NAME TO. James Gumsey			
(Steta or country) 14. BIRTHPLACE (city or town) (Steta or country) Marificial	Name of operation Date of Was there en autopsy?	ne	
15. MAIDEN NAME Ellen Mc Saw	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:		
16. BIRTHPLACE (city or town) (Steta or country)	Accident, suicide, or homicide?		
17. INFORMANT Mrs Pearl milburn (Address) Have de Gave, md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury		
Place Mr. Calvary Dete Slat. 11, 1937	Neture of injury		
19. UNDERTAKER Bullack Fyneral Han	24. Wes disease or injury in eny wey releted to occupation of deceased?		
20. FILED Sept 10, 1937 Clares & Delay To D.	(Signed) Claude L. Cowar	M. D	
Registrar.	(Address) Jame de Grace my		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis BU	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied.

-WRITE PLAINLY, WITH

V. S. No. 1 m properly classified.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

PHYSICIANS should state Exact statement of OCCUPA-

RD. Every item of infor-

STATE OF MARYI AND-CERTIFICATE OF DEATH

9991

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Hardand	Registration Dist. No. 18
Village or City for town where death occurred yrs. mos	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Edward Lipman	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept: 7, 193 7 (Months (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from after deathy 19 19
6. DATE OF BIRTH (month, day, and year) Quadrage	
7. AGE Honths Days If LESS than 1 day,hrs.	to heve occurred on the date steted above, at 2:30 R.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) - brevleum (State or country)	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Da W& Culture	23. If death was due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Consulty House Dete Seff 20, 1937	Manner of Injury
19. UNDERTAKER Degree & Fortis (Address) Belan mus	24. Wes disease or Injury In eny way releted to occupation of deceased?
20. FILED Sept 28, 1937 NE Richardson Registrar.	(Signed) A flage M. D. (Address) A dead make M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
00 y 9.	0			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(a) Residence: No. (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS J.SEX SOLOR OR RACE OND WHERED Cover the Woods) Sal. I married, whered, or deversed on the date of the sale of th	STATE OF	F MARYLAND-	CERTIFICATE OF DEATH	9995
Village en 6Hy Davington No. (If data coursed in a horpital or insistation, give its NAME instead of street and m Langth of residence in city or hown what each occurred yes moo. d. Now long in U.S. If of foreign birth? yrs. yrs. moo. d. Now long in U.S. If of foreign birth? yrs. yrs. moo. d. Now long in U.S. If of foreign birth? yrs.	1. PLACE OF DEATH		9201	
Langth of residence in city or town whare death powersed	County Starford	1	Registration Dist. No. 18	*
Length of residence in city or town where death occurred J. yrs. mos. ds. How long in U.S. Hot foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS JEX. STOLOG R RACE S. S. Ward. MEDICAL CERTIFICATE OF DEATH J. J. DATE OF BIRTH (month, day, and year) S.S. If matried, websered, no diversed with the providence of the p	Village er City Darling	glor, fld		Ward
(a) Residence: No. (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. 1. Married, widerwest, order to develop the control of the con	Length of residence in city or pwn where dea			
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS STATE OF DEATH POLOR OR RACE S. SMACK, MARKIED, Whomeo On Victoria Control On Vite of O	2. FULL NAME CALOL	. Warden	If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(a) Residence: No.			
21. DATE OF DEATH (Implifit) 22. HER EBY CERT I FY That I attended of the variety of the protection of the date stated above, et	PERSONAL AND STATISTIC			tate
Sa. If married, widowed, ar divorced: (or) wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trada, profession, or particular kind of work done, as SPINNER, for				
DATE OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 6. AGE 6. Years 6. Months 7. AGE 7. AGE 7. AGE 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. Data 19. Lo. SAW MILL, BANK, etc. 19. Lo. Saw Malle, Bank, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. Data 19. Lo. Saw Malle, Base and alive on the date stated above, etc. 10. In the saw of importance were as follows: 19. Lo. Saw Malle, Base and Advanced to the country of the count	Female White		Sept 9	193
AGE Years Months Days If LESS than I day. hrs. or. min. 8. Trada profession, or particular hind of work done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done, as SPINKER, SAWER, BOOKEPER, etc. A profession which was done as SPINKER, SAWER, BOOKEPER, etc. A profession which was done as SPINKER, SAWER, BOOKEPER, etc. A profession was done as SPINKER, SAWER, BOOKEPER, etc. A profession was done as SPINKER, SAWER, BOOKEPER, etc. A profession was done as SPINKER, SAWER, BOOKEPER, etc. A profession was done as SPINKER, SAWER, BOOKEPER, etc. A profession was done as SPINKER, SAWER, BOOKEPER, etc. A profession was done as SPINKER, sawer as follows: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BENTHPLACE (city or town) (State or country) 19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA Address) 19. UNDERTAKER (Address) 19. Was disease or injury in any Way related to occupation of decased? If so, specify whether injury. 24. Was disease or injury in any Way related to occupation of decased? If so, specify whether injury.	HUGDAND of A	ton-la	22. JHEREBY CERTIFY That Jattended di	eceased from
TAGE Years Months Days If LESS than 1 dayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causer of Importance were as follows: Were as follows: Industry or business in which was done, as SILK MILL. SAW MILL, BARK, etc 10. Date deceased last worked at this occupation (month end occupation) Industry or business in which was done, as SILK MILL. SAW MILL, BARK, etc 10. Date deceased last worked at this occupation (month end occupation) Industry or business in which was done, as SILK MILL. SAW MILL, BARK, etc 10. Date deceased last worked at this occupation (month end occupation) It is BIRTHPLACE (city or town). (State or country) Nama of operation Date of What test confirmed diagnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA Manner of Injury Namaer of Injury Nature of I		15/8/h	May 18, 193), to Sefet 9	1925)
8. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOXKEPER, etc		0,10,1000		death is said
8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc				
kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end years) spent in this occupation (month end years) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) Addrass Addrass Date of Manner of Injury Nature of I	1010	ormin.		Date of onset
10. Date deceased last worked at this occupation (month end 1927 spent in this spent in the spent in this spent in the spent in	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	tousework	Withat Regunstation	
10. Date deceased last worked at this occupation (month end 1937 11. Total tima (years) spent in this occupation (month end 1937 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Old Granter Control (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. Barry or country) 18. Barry or country occurred in INOUSTRY, in HOME, or In PUBLIC PLA (Addrass) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of Injury (Specify city or town, country and State or Injury) 19. UNDERTAKER (Address) 10. Date of Injury (Specify city or town, country and State or Injury) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of Injury (Specify city or town, country and State or Injury) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of Injury (Specify city or town, country and State or Injury (In any Way related to occupation of decaased? (If so, specify)	9. Industry or business in which work was done, as SILK MILL,	Home	7.7000	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BETTLE COUNTRY Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Other Coutribulory Causes of Importance: Other Causes of Importance: Other Coutribulory Causes of Importance: Other Coutribulory Causes of Importance: Other Caus	10. Date deceased last worked at this occupation (month end	spent in this		~~~~~
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. Barney or Markey 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. What test confirmed diagnosis? Was there an at a country or town, country and State or country or town, country and State or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA Manner of Injury Nature of Injury 24. Was disease or injury In any way related to occupation of decaased? If so, specify	yaar)	Occupation Occupation	Other Coutributory Couses of importance:	
14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Addrass) 8. Burne, Original Street Country 9. UNDERTAKER (Address) 17. UNDERTAKER (Address) 18. Data (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Data (Plant and a second	C.,	Joffserferlie	
14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BETTALL CREMENT OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Mama of operation. What test confirmed diagnosis? Was there an at the following: 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA Manner of Injury Nature of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Was disease or injury In any way related to occupation of decaased? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Was disease or injury In any way related to occupation of decaased? 19. UNDERTAKER (Address) 19. UNDERTAKER	1 11 12	rson		
What test confirmed diagnosis? Was thera an at 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BETTALL, CREMENTALL, OR REMOVAL Place 19. UNDERTAKER (Address) Was thera an at 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA Manner of Injury Nature of Injury 19. UNDERTAKER		maney Co.	Nama of operation Date of	
Accident, suicide, or homicide?	(Stata of Country)	m.C.	What test confirmed diagnosis? Was thera an au	opsy?
Accident, suicide, or homicide? Date of Injury (State or country) 7. INFORMANT (Addrass) 8. Berner, or many or REMOVAL Place Date	15. MAIDEN NAME Carolin	e Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:	
(Specify city or town, county and State 17. INFORMANT (Addrass) 18. Berner, or March, or Remova Place Data Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA Manner of Injury Nature of Injury 19. UNDERTAKER (Address) 18. Berner, or March, or March, or In Public PLA Was disease or injury In any way related to occupation of decaased? 19. UNDERTAKER	16. BIRTHPLACE (city or town)	Can Co.	Accident, suicide, or homicide? Date of Injury	, 19
(Address)	(State or country)	7.6.	Where did injury occur?	
Manner of Injury Place Electric Data Sept 10, 1937 Nature of Injury 19. UNDERTAKER State Bouley (Address) Davington Manner of Injury 19. UNDERTAKER State Bouley 19. UNDERTAKER STATE BO		rden	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLAI	ČE.
19. UNDERTAKER 21. Bailey (Address) 24. Was disease or injury In any way related to occupation of decaased? If so, specify		8/11	Manner of Injury	
(Address) Darlington, Mag If so, specify	Place Elfun, 11, C,	Data 045 0, 1937		
Oliver Marine Till The Till And The State of		riley		11)
	(Address) A drkingt	or vina	-trong	1
20. FILED Out 10, 1937. If Purp (Signed). Registrar. (Address) A a release of two	20. FILED 04, 1937.	Registrar.	(Signed) (Address) Parle of the	nys

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. You'd the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 037	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago	
L 60.79		2		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

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mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9996
1. PLACE OF DEATH	(h)
County Harfred	Registration Dist. No. 18
Village or City panbebber	NoSt., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAMEN. Walter Websi	ds. now long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Danksober	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oet. 16, 1892	19 19 19 19 19 19 19 19
7. AGE 2 Years Months Days If LESS than	to have occurred on the date stated above, at 3. s.m.
75- 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 R Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	o Fold Hand of Head
Industry or business In which work was done, as SILK MILL, Edgwood Cescura, SAW MILL, BANK, etc	0
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 20% occupation coupation	
(11,1-100)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME John Webster	Α
13. NAME OF WORKER 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Harfing to	What test confirmed diagnosis? The full ser Was there an autopsy? No
15. MAIDEN NAME Goodganna Heisler	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Thattourer rad	Accident, suicide, or homicide? Sud Co Date of Injury 311 0, 19 3.7
Cotate of country)	Where did injury occur? ATME YOU BUTTER AND State)
17. INFORMANT CHURCUS From	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Pials Mars II The only
Blete Milly Jule Date Rept 18, 1937	Nature of injury Process worse in Apre hand
19. UNDERTAKER SKILLS OF THE	24. Was disease or injury In any way related to occupation of deceased?
(Address) and Rolling	If so, specify
20. FILED Lift 19 1997 12 Pichardson Registrar.	(Signed) Chulle, M. D. (Address) M. D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CLIVIII ICAIL OF DEATH
1. PLACE OF DEATH	(PS)
County Harfard Ex	Registration Dist. No. 182
Village or City Professible	No. St. Ward
(1)	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Donald B yarle	tto If U. S. Veteran, specify WAR
(a) Residence: No. Oglescotte (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Such	21. DATE OF DEATH Lyst 20, 193 7. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
- DATE OF DOCUMENT AND A 211 16.11	I last saw h elive on 19 death is said
6. DATE OF BIRTH (month, day, and year) 24- 916 7. AGE Years Months Days If LESS than	I last saw h
2 / 1 2 (1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Miller T. Nover kind of work done, as SPINNER, Miller T. Nover SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and senant in this senant in this senant in this senant in this	Stemmikan of Branz
A Industry or business in which	P- 1-11-0
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Killed in fights with many Deceased and
	struck in fact and breaked downg his head strik
year) occupation	Dther Contributory Causes of Importance: ing hard surface of roads
12. BIRTHPLACE (city or town) Mew Coutle	- Cens
(State or country)	
13. NAME Edward H. Jarletto 14. BIRTHPLACE (city or town) Blothwille	
14. BIRTHPLACE (city or town) Blotewille	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Cora Laver 16. BIRTHPLACE (city or town) Muaghrille (State or country)	23. If death wes due to externel couses (VIOLENCE) fill fn also the following:
5 16. BIRTHPLACE (city or town) meaghrible	Accident, suicide, or homicide? Formeride. Date of injury
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Edward H. Harletts (Address) Frelimille, ma	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury . Tilled in Right.
Plece Mescer, Jan. Date Suff 2/, 1937	Nature of Injury.
19. UNDERTAKER Decen & Lote	24. Wes disease or injury In any way related to occupation of deceased?
(Address) Bellen mach	If so, specify
20, FILED Dept. 21, 19.37 Verginia Chambers	(Signed) hus. Helparelon M.D.
Diff Registrar.	(Ardress) Belan Mil

V. S. No. 1

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should state

PHYSICIANS

stated EXACTLY.

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

UNFADING INK-THIS IS A PERMANENT

AGE should be

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

D. Every item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1937	July 5,1927	Peritonitis	3 days ago
	V. S.			
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	Y PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Cord. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. LY, WIY N. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 9998
1. PLACE OF DEATH	
county Harfard	Registration Dist. No. 183
Village or City Haure de Loce My	" Ylashetal
(II	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME /Vellam Zeagan	If U. S. Veteran, specify WAR
(a) Residence: No. 530 - 34 Std, W. W.	St., Ward While Washington D. C.
washington, al (Usual place of abode)	If nonresident give city or town and State
PERSON AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Unknown	22. September 1, 1937, to September 4, 1937
6. DATE OF BIRTH (month, day, end yeer) March 8 1894	I last saw h Lass elive on September 42, 1937; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et 6:30 Zm.
43 " 5 26 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trade profession or particular	Date of onset
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	laste Mesheralis
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
this occupation (month and spent in this occupation year)	
a survey and a large Tax's	Other Contributory Canees of Importance:
12. BIRTHPLACE (city or town) (State or country)	Sun Shirks
W 13, NAME Elich Zeeggy	
13. NAME Elich Zeegan 14. BIRTHPLACE (city or town) austria	Name of operation. Dete of
(State or country)	What test confirmed diagnosis? Leuca Was there an autopsy?
15. MAIDEN NAME Besia Baesek	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Besin Baesek	Accident, sulcide, or homicide? Date of Injury 19
S (State or country)	Where did Injury occur?
17. INFORMANT. William Zeegan (Address) 530-34 St. M. Whash & Co.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Lounty Mu. Date 66019, 6, 1937	Neture of injury
19. UNDERTAKER Recuiredon Thon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have Ide Heave md.	If so, specify 10 1 the specific specif
20. FILED Apl 5 , 1937 Charles of John S. D. Registrar.	(Signed) TA XIII M. D. (Address) TA XIII TA X
If more blanks are needed, address State Registrar.	2411 N. Charlet Street Baltimore Requestion 7) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S V S			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADI	ITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSIC	IĄN